

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0344	Issue Date:	CBL: 308 A001001
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Location of Construction: 0 Jarita Court	Owner Name: JARITA DEVELOPMENT LLC	Owner Address: 159 HARRIS RD	Phone:
Business Name:	Contractor Name: Sharp Home Inc./ Jarita Developeme	Contractor Address: 120 Exchange St. Portland	Phone 2078746959
Lessee/Buyer's Name	Phone:	Permit Type: Foundation Only/Residential	Zone:

Past Use: Vacant Land	Proposed Use: 5 - 2 units Foundation Only for 46 & 49, 43 &45, 14 & 18, 11 & 15, 17 & 19	Permit Fee: \$561.00	Cost of Work: \$60,000.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	

Proposed Project Description: 5 - 2 units Foundation Only for 46 & 49, 43 &45, 14 & 18, 11 & 15, 17 & 19	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 04/01/2005	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN _____ ADDRESS _____ DATE _____ PHO _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT _____ DATE _____ PHO _____

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Dept: Zoning	Status: Approved with Conditions	Reviewer: Marge Schmuckal	Approval Date: 04/06/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) On units #17 & 19 - #14 - and #46 & 49 only patios, not constructed decks shall be permitted as approved closer than 25 feet from the external subdivision property lines. All building structures shall be no closer than 25' from external subdivision property lines. 2) Separate permits shall be required for future decks, sheds, pools, and/or garages. 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
Dept: Building	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 04/11/2005
Note: 4/7/05 Spoke w/Lou W. For the foundation plan details not submitted 4/11 received plans, ok to issue	Ok to Issue: <input checked="" type="checkbox"/>		
1) This approval is for the foundations only, a separate application and approvals are required for the structures.			

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO